

B22A (Official Form 22A) (Chapter 7) (01/08)In re: **Hogue, James C. & Hogue, Michelle C.**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☐ **The presumption arises**☒ **The presumption does not arise**

(Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

1A

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.

a. ☐ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 3-11.**

b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." **Complete only Column A ("Debtor's Income") for Lines 3-11.**

c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. **Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.**

d. ☒ Married, filing jointly. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.

**Column A
Debtor's
Income****Column B
Spouse's
Income**

3

Gross wages, salary, tips, bonuses, overtime, commissions.

\$

\$

4

Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part V.**

| | | |
|----|------------------------------------------|-----------------------------|
| a. | Gross receipts | \$ |
| b. | Ordinary and necessary business expenses | \$ |
| c. | Business income | Subtract Line b from Line a |

\$

\$

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| | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|--------------|
| 5 | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. | | | |
| | a. Gross receipts | \$ | | |
| | b. Ordinary and necessary operating expenses | \$ | | |
| | c. Rent and other real property income | Subtract Line b from Line a | \$ | \$ |
| 6 | Interest, dividends, and royalties. | | \$ | \$ |
| 7 | Pension and retirement income. | | \$ | \$ |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. | | \$ | \$ |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | |
| 10 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | |
| | a. State of Minnesota assistance | \$ 532.00 | | |
| | b. Food Assistance | \$ 342.00 | | |
| | Total and enter on Line 10 | | \$ 874.00 | \$ |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). | | \$ 874.00 | \$ |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. | | \$ 874.00 | |
| Part III. APPLICATION OF § 707(B)(7) EXCLUSION | | | | |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. | | | \$ 10,488.00 |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>4</u> | | | \$ 77,634.00 |
| 15 | Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. | | | |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

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Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

| | | | | | | | | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|----|--|----|----|--|----|----|
| 16 | Enter the amount from Line 12. | \$ | | | | | | | | | |
| 17 | <p>Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> </table> | a. | | \$ | b. | | \$ | c. | | \$ | \$ |
| a. | | \$ | | | | | | | | | |
| b. | | \$ | | | | | | | | | |
| c. | | \$ | | | | | | | | | |
| 18 | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. | \$ | | | | | | | | | |

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

| 19A | <p>National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------|--------------------------------------------|------------------------------------------------------------------------------------------|----|-----|-----------------------------|-----------------------------|-----|----------------------|--|-----|-------------------|--|-----|-------------------|--|-----|----------|--|-----|----------|--|----|
| 19B | <p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 55%;">Allowance per member</td> <td style="width: 40%;"></td> <td style="text-align: center;">a2.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of members</td> <td></td> <td style="text-align: center;">b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td></td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table> | Household members under 65 years of age | | | Household members 65 years of age or older | | | a1. | Allowance per member | | a2. | Allowance per member | | b1. | Number of members | | b2. | Number of members | | c1. | Subtotal | | c2. | Subtotal | | \$ |
| Household members under 65 years of age | | | Household members 65 years of age or older | | | | | | | | | | | | | | | | | | | | | | | |
| a1. | Allowance per member | | a2. | Allowance per member | | | | | | | | | | | | | | | | | | | | | | |
| b1. | Number of members | | b2. | Number of members | | | | | | | | | | | | | | | | | | | | | | |
| c1. | Subtotal | | c2. | Subtotal | | | | | | | | | | | | | | | | | | | | | | |
| 20A | <p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).</p> | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| 20B | <p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 40%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: center;">Subtract Line b from Line a</td> </tr> </table> | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 | \$ | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ | | | | | | | | | | | | | | | |
| a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | Net mortgage/rental expense | Subtract Line b from Line a | | | | | | | | | | | | | | | | | | | | | | | | |

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| 21 | <p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> | \$ | | | | | | | | | |
| 22A | <p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |
| 22B | <p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |
| 23 | <p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | | | | | | | | | |
| 24 | <p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table> | a. | IRS Transportation Standards, Ownership Costs, Second Car | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs, Second Car | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | | | | | | | | | |

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| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. | \$ | | | | | | | | | |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. | \$ | | | | | | | | | |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. | \$ | | | | | | | | | |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. | \$ | | | | | | | | | |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. | \$ | | | | | | | | | |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. | \$ | | | | | | | | | |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. | \$ | | | | | | | | | |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ | | | | | | | | | |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. | \$ | | | | | | | | | |
| Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32 | | | | | | | | | | | |
| 34 | <p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">Health Insurance</td><td style="width: 20%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Disability Insurance</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Health Savings Account</td><td style="text-align: center;">\$</td></tr> </table> <p>Total and enter on Line 34</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p> | a. | Health Insurance | \$ | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ | \$ |
| a. | Health Insurance | \$ | | | | | | | | | |
| b. | Disability Insurance | \$ | | | | | | | | | |
| c. | Health Savings Account | \$ | | | | | | | | | |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | \$ | | | | | | | | | |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | \$ | | | | | | | | | |

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| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|----------------------------------------------------------|---------------------------|------------------------------------------|----|--|----|----|----------------------------------------------------------|----|----|----|----|----------------------------------------------------------|----|--|------------------------------|----|----------------------------------------------------------|----|------------------------------|--|--|--|----|
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subpart C: Deductions for Debt Payment | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | <p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 15%;">Average Monthly Payment</th><th style="width: 20%;">Does payment include taxes or insurance?</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td><td></td></tr> </tbody> </table> | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | a. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | b. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | c. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | | Total: Add lines a, b and c. | | | | \$ |
| | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | |
| b. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | |
| c. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: Add lines a, b and c. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | <p>Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 35%;">1/60th of the Cure Amount</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td></tr> </tbody> </table> | | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | a. | | | \$ | b. | | | \$ | c. | | | \$ | | Total: Add lines a, b and c. | | | \$ | | | | | |
| | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total: Add lines a, b and c. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. | \$ | | | | | | | | | | | | | | | | | | | | | | | | | |

B22A (Official Form 22A) (Chapter 7) (01/08)

| | | | | | | | | | | | | |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|----|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|-----------------------------------------------------------|-------------------------------|----|
| 45 | | <p>Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 55%;">Projected average monthly chapter 13 plan payment.</td><td style="width: 40%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td><td style="text-align: center;">X</td></tr> <tr> <td style="text-align: center;">c.</td><td>Average monthly administrative expense of chapter 13 case</td><td>Total: Multiply Lines a and b</td></tr> </table> | a. | Projected average monthly chapter 13 plan payment. | \$ | b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | X | c. | Average monthly administrative expense of chapter 13 case | Total: Multiply Lines a and b | \$ |
| a. | Projected average monthly chapter 13 plan payment. | \$ | | | | | | | | | | |
| b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | X | | | | | | | | | | |
| c. | Average monthly administrative expense of chapter 13 case | Total: Multiply Lines a and b | | | | | | | | | | |
| 46 | | Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. | \$ | | | | | | | | | |
| Subpart D: Total Deductions from Income | | | | | | | | | | | | |
| 47 | | Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46. | \$ | | | | | | | | | |
| Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION | | | | | | | | | | | | |
| 48 | | Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) | \$ | | | | | | | | | |
| 49 | | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) | \$ | | | | | | | | | |
| 50 | | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. | \$ | | | | | | | | | |
| 51 | | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | \$ | | | | | | | | | |
| 52 | | <p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).</p> | | | | | | | | | | |
| 53 | | Enter the amount of your total non-priority unsecured debt | \$ | | | | | | | | | |
| 54 | | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. | \$ | | | | | | | | | |
| 55 | | <p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p> | | | | | | | | | | |

B22A (Official Form 22A) (Chapter 7) (01/08)**Part VII. ADDITIONAL EXPENSE CLAIMS**

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

56

| | Expense Description | Monthly Amount |
|-----------------------------|---------------------|----------------|
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| Total: Add Lines a, b and c | | \$ |

Part VIII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

57

Date: December 9, 2008 Signature: /s/ James C. Hogue
(Debtor)

Date: December 9, 2008 Signature: /s/ Michelle C. Hogue
(Joint Debtor, if any)

| United States Bankruptcy Court Northern District of Illinois | | | | | | | Voluntary Petition | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Hogue, James C. | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): Hogue, Michelle C. | | | | | | | | | | | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | | | | | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4190 | | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2865 | | | | | | | | | | | | | | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 615 S. Oak Street LaCrescent, MN | | | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 615 S. Oak Street LaCrescent, MN | | | | | | | | | | | | | | | |
| ZIPCODE 55947 | | | | ZIPCODE 55947 | | | | | | | | | | | | | | | |
| County of Residence or of the Principal Place of Business: Out of State | | | | County of Residence or of the Principal Place of Business: Out of State | | | | | | | | | | | | | | | |
| Mailing Address of Debtor (if different from street address) 615 S. Oak Street LaCrescent, MN | | | | Mailing Address of Joint Debtor (if different from street address): 615 S. Oak Street LaCrescent, MN | | | | | | | | | | | | | | | |
| ZIPCODE 55947 | | | | ZIPCODE 55947 | | | | | | | | | | | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | | | | | | | | | | | |
| ZIPCODE | | | | | | | | | | | | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ | | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts. | | | | | | | | | | | | | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | | | | | | | | | | |
| Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | | | | | THIS SPACE IS FOR COURT USE ONLY | | | | | | | | | | |
| Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table> | | | | | | | | | | <input type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,001-100,000 | <input type="checkbox"/> Over 100,000 |
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,001-100,000 | | <input type="checkbox"/> Over 100,000 | | | | | | | | | |
| Estimated Assets <table style="width: 100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table> | | | | | | | | | | <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
| <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | | | | | | | | | | |
| Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table> | | | | | | | | | <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | |
| <input type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion | | | | | | | | | | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Voluntary Petition (This page must be completed and filed in every case) | | Name of Debtor(s): Hogue, James C. & Hogue, Michelle C. | |
| Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) | | | |
| Location Where Filed: None | | Case Number: | Date Filed: |
| Location Where Filed: | | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | | |
| Name of Debtor: None | | Case Number: | Date Filed: |
| District: | | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Dennis R. Hewitt 12/09/08 Signature of Attorney for Debtor(s) Date | |
| Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No | | | |
| Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. | | | |
| Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hogue, James C. & Hogue, Michelle C.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ James C. Hogue

Signature of Debtor

James C. Hogue

X /s/ Michelle C. Hogue

Signature of Joint Debtor

Michelle C. Hogue

Telephone Number (If not represented by attorney)

December 9, 2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Dennis R. Hewitt

Signature of Attorney for Debtor(s)

Dennis R. Hewitt 6186810

Printed Name of Attorney for Debtor(s)

Dennis Hewitt

Firm Name

1124 Lincoln Highway

Address

Rochelle, IL 61068-1517

(815) 562-2704

Telephone Number

December 9, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Hogue, James C.

Case No. _____

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ James C. Hogue

Date: December 9, 2008

IN RE:

Hogue, Michelle C.

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Michelle C. Hogue

Date: December 9, 2008

IN RE:

Case No. _____

Hogue, James C. & Hogue, Michelle C.

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|------------------------------------------------------------------------------------|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property | Yes | 1 | \$ 130,000.00 | | |
| B - Personal Property | Yes | 3 | \$ 3,400.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 143,000.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 21 | | \$ 152,117.88 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 874.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 1,160.00 |
| TOTAL | | 32 | \$ 133,400.00 | \$ 295,117.88 | |

IN RE:

Case No. _____

Hogue, James C. & Hogue, Michelle C.

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---------------------------------------------------------------------------------------------------------------------|----------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| | |
|-------------------------------------------------------------------------------------------------------------|-------------|
| Average Income (from Schedule I, Line 16) | \$ 874.00 |
| Average Expenses (from Schedule J, Line 18) | \$ 1,160.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 874.00 |

State the following:

| | | |
|----------------------------------------------------------------------------|---------|---------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 152,117.88 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 152,117.88 |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|
| 1. Cash on hand. | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X | | | |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, include audio, video, and computer equipment. | | Furniture, furnishings & appliances | J | 2,000.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Personal clothing | J | 200.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |

IN RE **Hogue, James C. & Hogue, Michelle C.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 1997 Jeep Cherokee, 190,000 miles | J | 1,200.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <div>33. Farming equipment and implements.</div> <div>34. Farm supplies, chemicals, and feed.</div> <div>35. Other personal property of any kind not already listed. Itemize.</div> | <div>X</div> <div>X</div> <div>X</div> | | | |
| TOTAL | | | | 3,400.00 |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------------------------------------------------|------------------------------|
| ACCOUNT NO. 0014247845 HSBC Mortgage Services P. O. Box 37282 Baltimore, MD 21297-3282 | J | Home Loan (in foreclosure) VALUE \$ 130,000.00 | | | | 28,000.00 | |
| ACCOUNT NO. 0014247845 HSBC Mortgage Services P. O. Box 37282 Baltimore, MD 21297-3282 | J | home loan (in foreclosure) VALUE \$ 130,000.00 | | | | 115,000.00 | |
| ACCOUNT NO. Law Offices Of Ira T. Nevel 175 N. Franklin, Ste. 201 Chicago, IL 60606 | J | Notice only - Collection for HSBC Mortgage Services VALUE \$ | | | | 0.00 | |
| ACCOUNT NO. VALUE \$ | | | | | | | |
| Subtotal (Total of this page) | | | | | | \$ 143,000.00 | \$ |
| Total (Use only on last page) | | | | | | \$ 143,000.00 | \$ |

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Advance Collection Services, Inc. 753 County Road D St. Paul, MN 55117 | J | Collection of past due bills | | | | 800.00 |
| ACCOUNT NO. 3558 & 3753 AIM 1985 DeKalb Avenue Ste 300 Sycamore, IL 60178 | J | Medical expenses | | | | 229.00 |
| ACCOUNT NO. 1069145; 1069486; 1006993 Allied Business Accounts, Inc. 300 1/2 Second Street Clinton, IA 52733-1600 | J | Medical billls - Also Account #1071086; 1070801 | | | | 1,080.32 |
| ACCOUNT NO. A37838586/P32806491 Allied Interstate, Inc. 3000 Corporate Exchange Dr, 5th Floor Columbus, OH 43231 | J | Notice only - Collection for National City Bank | | | | 0.00 |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|
| 20 continuation sheets attached | Subtotal (Total of this page) | \$ 2,109.32 |
| (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | Total | \$ |

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1008130371 Associated Bank 815 N. Water Street Milwaukee, WI 53202 | J | | | | | 49.61 |
| ACCOUNT NO. 1008130371 Associated Bank 815 N. Water Street Milwaukee, WI 53202 | J | Overdrawn account | | | | 49.61 |
| ACCOUNT NO. 847 973 2519 1760 AT&T P. O. Box 8100 Aurora, IL 60507-8100 | J | Balance owed on account | | | | 583.95 |
| ACCOUNT NO. 08977285 AT&T C/O Calvary P. O. Box 1017 Hawthorne, NY 10532 | J | Balance owed on account | | | | 54.35 |
| ACCOUNT NO. 5056165 Aurora Medical Center C/O State Collection Services, Inc. P. O. Box 6250 Madison, WI 53716 | J | Medical expenses - Also Acct. 5500158704077/AH82 & 5500158704130 | | | | 3,125.01 |
| ACCOUNT NO. B & W Appliance 567 Highway 38 W Rochelle, IL 61068 | J | Balance owed on account | | | | 245.83 |
| ACCOUNT NO. 7001060910400868 Best Buy C/O Pro Line Solutions Group 908 Niagra Falls Blvd. Ste 245 North Tonawanda, NY 14120 | J | Balance owed | | | | 1,705.56 |

Sheet no. 1 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **5,813.92**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 2170771774 & 5008201998 Brick Law Offices 322 E. Michigan Street, 6th Floor Milwaukee, WI 53202 | J | | | | | 923.82 |
| ACCOUNT NO. 13335-QCAM1 Camelot Radiology Associates P. O. Box 1086 Indianapolis, IN 46206 | J | Medical expenses | | | | 249.00 |
| ACCOUNT NO. 557009177961632 Capital One 1500 Capital One Drive Richmond, VA 23238 | J | Balance owed | | | | 1,521.43 |
| ACCOUNT NO. 5178-0521-5540-1207 Capital One 1500 Capital One Drive Richmond, VA 23238 | J | Balance owed | | | | 2,100.83 |
| ACCOUNT NO. 52911521203201 Capital One Bank C/O Protocol Recovery Services 509 Mercer Avenue Panama City, FL 32401-2631 | J | Balance owed to Trak America | | | | 2,647.32 |
| ACCOUNT NO. 6000866963 Capital One Bank C/O Protocol Recovery Service 509 Mercer Avenue Panama City, FL 32401-2631 | J | Collection for Trak America | | | | 2,254.54 |
| ACCOUNT NO. 023110097 Centegra Health C/O DSI Collection 1375 E. Woodfield, P.O. Box 959 Schaumburg, IL 60173 | J | Medical expense | | | | 1,100.00 |

Sheet no. 2 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **10,796.94**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 0606800375 Centegra Health C/O DSI Collection 1375 E. Woodfield, P.O. Box 959 Schaumburg, IL 60173 | J | Medical expense | | | | 3,949.25 |
| ACCOUNT NO. 72905110 Centegra Health System P. O. Box 5995 Peoria, IL 61601-5995 | J | Medical expenses | | | | 392.14 |
| ACCOUNT NO. 10517510334502 Chase Auto Finance P. O. Box 5210 New Hyde Park, NY 11042 | J | Car wrecked, no insurance | | | | 21,064.62 |
| ACCOUNT NO. 268 374 143 Cingular Wireless Financial Asset Management Systems Inc. P. O. Box 451409 Atlanta, GA 31145-9409 | J | Balance owed on account | | | | 1,537.12 |
| ACCOUNT NO. 6032 5903 2486 4197 Citifinancial Retail Services P. O. Box 22060 Tempe, AZ 85285-2060 | J | General purchases | | | | 1,823.66 |
| ACCOUNT NO. 8798200240194834 Comcast P. O. Box 3002 South Eastern, PA 19398-3002 | J | Balance owed on account | | | | 160.72 |
| ACCOUNT NO. 8798100920483770 Comcast 2508 W. Route 120 McHenry, IL 60050 | J | Balance owed on account | | | | 572.93 |

Sheet no. **3** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **29,500.44**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Hogue, James C. & Hogue, Michelle C.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1562580055 Commonwealth Edison Bill Payment Center Chicago, IL 60668-0002 | J | Balance owed on account | | | | 598.10 |
| ACCOUNT NO. 357684 Community Memorial Hospital P. O. Box 5600 Winona, MN 55987 | J | Medical expense | | | | 493.20 |
| ACCOUNT NO. 8183914; 8187639 Community Memorial Hospital P. O. Box 5600 Winona, MN 55987 | J | Medical expenses - Also Account #8187780 | | | | 2,569.35 |
| ACCOUNT NO. 685503 Condell Acute Center C/O Certified SVC P. O. Box 177 Waukegan, IL 60079 | J | Medical expense | | | | 108.23 |
| ACCOUNT NO. Credit Protection Association LP 13355 Noel Road Dallas, TX 75240 | J | Notice only - Collection on Comcast | | | | 0.00 |
| ACCOUNT NO. Del's Bar C/O Cyber Collect P. O. Box 1145 LaCrosse, WI 54602-1145 | J | Collection for Del's Bar | | | | 76.75 |
| ACCOUNT NO. 770449 Destination Dental C/O Credit Bureau Data P.O. Box 2288 LaCrosse, WI 54601 | J | Dental expense | | | | 65.98 |

Sheet no. **4** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,911.61**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 17209834 Direct TV C/O Riddle & Associates P. O. Box 1187 Sandy, UT 84070 | J | Balance owed on account | | | | 235.50 |
| ACCOUNT NO. 5182983 Dominick's C/O Safeway Companies P. O. Box 29239 Phoenix, AZ 85038-9239 | J | Collection for Dominick's | | | | 77.72 |
| ACCOUNT NO. 739030 Dr. Eric Kiesau C/O Credit Bureau Data P. O. Box 2288 LaCrosse, WI 54601 | J | Medical expense | | | | 502.00 |
| ACCOUNT NO. 149167 E.C. Jiongco MD C/O Paskin & Oberwetter P. O. Box 151 Madison, WI 53701-0151 | J | Collection for E.C. Jiongco MD | | | | 58.87 |
| ACCOUNT NO. 140G11000 Family Medical Surgical Practice 1212 Currency Court Rochelle, IL 61068 | J | Medical expenses | | | | 0.00 |
| ACCOUNT NO. 05 027043153 Farmer's Insurance C/O Credit Collection Services Two Wells Avenue Dept 9134 Newton, MA 02459 | J | Collection for Farmer's Insurance | | | | 73.90 |
| ACCOUNT NO. 71905309; 01693 55701 First National Bank & Trust Company Of Rochelle 340 May Mart Drive Rochelle, IL 61068 | J | Balance owed | | | | 44.00 |

Sheet no. **5** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$**991.99**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. FAE 1048 Fort Atkinson Emergency Phys. 6400 Industrial Loop Green Dale, WI 53129-2453 | J | Medical expenses | | | | 459.00 |
| ACCOUNT NO. 0150860512 Fort Healthcare C/O Margraf Collection Agency, Inc. P. O. Box 306 Fort Atkinson, WI 53538 | J | Collection for Fort Healthcare | | | | 563.90 |
| ACCOUNT NO. Fox Lake District Library 255 E. Grand Avenue Fox Lake, IL 60020-1697 | J | Balance owed | | | | 50.00 |
| ACCOUNT NO. 07825953 Franciscan Skemp P. O. Box 2108 LaCrosse, WI 54602-2108 | J | Balance owed | | | | 103.16 |
| ACCOUNT NO. 1650671 Franciscan Skemp C/O State Collection Services, Inc. P. O. Box 6250 Madison, WI 53716 | J | Balance owed | | | | 546.73 |
| ACCOUNT NO. 1514504 Franciscan Skemp C/O State Collection Services, Inc. P. O. Box 6250 Madison, WI 53716 | J | Balance owed | | | | 162.94 |
| ACCOUNT NO. 7825953 Franciscan Skemp Healthcare P. O. Box 3068 Milwaukee, WI 53201 | J | Medical bills | | | | 156.04 |

Sheet no. 6 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **2,041.77**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE **Hogue, James C. & Hogue, Michelle C.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 01514504 Franciscan Skemp Healthcare P. O. Box 3068 Milwaukee, WI 53201 | J | Medical bills | | | | 229.59 |
| ACCOUNT NO. Friedman & Wexler LLC 500 W. Madison Street Ste. 2910 Chicago, IL 60661-2587 | J | Notice only - collection for TRS Recovery Services for Wal-Mart | | | | 0.00 |
| ACCOUNT NO. 608470274 Good Shepard Hospital 2250 E. Devon, Ste. 352 Des Plaines, IL 60018-4519 | J | Medical expense - Also account numbers:608481156; 06174914; 06174915; 608405866; 607869104; 608448536; 06115852; 06072920 & 06148135 | | | | 3,128.20 |
| ACCOUNT NO. B60809974 Good Shepard Hospital C/O Tri-County Emergency Physicians P. O. Box 98 Barrington, IL 60011-0098 | J | Medical expense | | | | 209.00 |
| ACCOUNT NO. 658031 Gundersen Lutheran Clinic Patient Business Services P. O. Box 4020 LaCrosse, WI 54602-4020 | J | Medical bills | | | | 579.00 |
| ACCOUNT NO. 951962 Gunderson Lutheran C/O Credit Bureau Data P. O. Box 2288 LaCrosse, WI 54601 | J | Medical expense - Also Acct. 691078; 743830; 792455; 865373; & 888888 | | | | 2,971.38 |
| ACCOUNT NO. Gunderson Lutheran 1900 South Avenue LaCrosse, WI 54601 | J | Medical expense | | | | 1,030.40 |

Sheet no. 7 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **8,147.57**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 589 128 Gunderson Lutheran Medical Center Patient Business Services P. O. Box 4444 LaCrosse, WI 54602-4444 | J | Medical expenses | | | | 6,605.16 |
| ACCOUNT NO. 59383955 Gunderson Lutheran Medical Center Patient Business Services P. O. Box 4444 LaCrosse, WI 54602-4444 | J | Medical expenses | | | | 1,323.00 |
| ACCOUNT NO. 60227238 Gunderson Lutheran Medical Center Patient Business Services P. O. Box 4444 LaCrosse, WI 54602-4444 | J | Medical expense | | | | 291.20 |
| ACCOUNT NO. 60444791 Gunderson Lutheran Medical Center Patient Business Services P. O. Box 4444 LaCrosse, WI 54602-4444 | J | Medical expense | | | | 2,965.63 |
| ACCOUNT NO. Happy Joe's C/O Cyber Collect P. O. Box 1145 LaCrosse, WI 54602-1145 | J | Collection for Happy Joe's | | | | 65.00 |
| ACCOUNT NO. 1072391 Health Care Billing Services, Inc. P. O. Box 4 Clinton, IA 52733-0004 | J | Collection for Rochelle Community Hospital - Also Account #0131522; 2251647; 2258190; 1070472 & 1070267 | | | | 1,276.92 |
| ACCOUNT NO. 80709600400013166 Houston County Social Services Healthcare Programs P. O. Box 64982 St. Paul, MN 55164-0982 | J | Balance owed on account | | | | 134.65 |

Sheet no. 8 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **12,661.56**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Hogue, James C. & Hogue, Michelle C.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Huemann Water Conditioning 3607 N. Chapel Hill Road Johnsburg, IL 60051 | J | Balance owed on account | | | | 764.45 |
| ACCOUNT NO. Jean Tess 1409 Brookside Drive Rochelle, IL 61068 | J | Broker fee | | | | 360.00 |
| ACCOUNT NO. Jewel Food Store C/O H & F 33 N. LaSalle, Ste. 1200 Chicago, IL 60602 | J | Balance owed | | | | 76.00 |
| ACCOUNT NO. 8557781597 Jewel Food Stores C/O H & F 33 N. LaSalle, Ste 1200 Chicago, IL 60602 | J | Bad check | | | | 90.00 |
| ACCOUNT NO. 1290679727 Jewel Food Stores C/O H & F 33 N. LaSalle, Ste 1200 Chicago, IL 60602 | J | Bad check | | | | 56.00 |
| ACCOUNT NO. Joseph Kotnour DDS C/O Associated Business Service P. O. Box 449 Cherry Valley, IL 61016 | J | Dental expense | | | | 0.00 |
| ACCOUNT NO. Ken's Service Center 2023 Avon Street LaCrosse, WI 54603 | J | Balance owed on account | | | | 2,907.15 |

Sheet no. **9** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,253.60**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$

IN RE **Hogue, James C. & Hogue, Michelle C.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. V18084814; V18477117 Kishwaukee Community Hospital P. O. Box 739 Moline, IL 61266-0739 | J | Medical expense - Also Account #V18376095 & V18477117 | | | | 2,384.78 |
| ACCOUNT NO. LaCrosse County Human Services C/O Associated Business Service P. O. Box 449 Cherry Valley, IL 61016 | J | Medical expense | | | | 1,120.00 |
| ACCOUNT NO. 404-1-0000650545 Lake/McHenry Pathology Associates 520 E. 22nd Street Lombard, IL 60148 | J | Medical expenses | | | | 19.80 |
| ACCOUNT NO. 011974004992 WC01 LaPetite Academy Worker's Compensation Working RX P. O. Box 30200 Salt Lake City, UT 84130-0200 | J | Balance owed | | | | 194.13 |
| ACCOUNT NO. 2808704456 LDC Collection Systems 304 S. Marshall Street, Room 204 Caledonia, MN 55921-1324 | J | Collection for Houston County District Court for guardian ad litem expense | | | | 916.00 |
| ACCOUNT NO. Lutheran Hospital C/O Associated Business Service P. O. Box 449 Cherry Valley, IL 61016 | J | Medical expense | | | | 123.00 |
| ACCOUNT NO. 726990 Lutheran Hospital C/O Credit Bureau Data P. O. Box 2288 LaCrosse, WI 54601 | J | Medical expense - Also Acct. 755209 & 755210 | | | | 1,782.35 |

Sheet no. **10** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **6,540.06**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Hogue, James C. & Hogue, Michelle C.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 104801 & 0150860512 Margraf Collection Agency, Inc. P. O. Box 306 Ft. Atkinson, WI 53538 | J | Balance owed | | | | 1,095.37 |
| ACCOUNT NO. 185644 Mark Enterprise P. O. Box 69 Mondori, WI 54755 | J | Balance owed | | | | 771.00 |
| ACCOUNT NO. 40455/W711M MEA-AEA Kenosha C/O State Collection Services, Inc. P. O. Box 6250 Madison, WI 53716 | J | Balance owed | | | | 149.20 |
| ACCOUNT NO. HOGJA00 Med Care Health Center, LTD 1212 Currency Court Rochelle, IL 61068 | J | Medical expenses | | | | 60.00 |
| ACCOUNT NO. 99-SC-1989 Michelle C. Long C/O LaCrosse County Circuit Court 333 Vine Street LaCrosse, WI 54601 | J | Small Claims balance owed | | | | 518.62 |
| ACCOUNT NO. 2103400 Midwest Dental D/B/A Downtown Dental 444 Main Street, Ste. 301 LaCrosse, WI 54602 | J | Dental expense | | | | 771.00 |
| ACCOUNT NO. 190234 Midwest Dental 409 Lincoln Highway Rochelle, IL 61068 | J | Dental expenses | | | | 1,962.00 |

Sheet no. **11** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **5,327.19**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 224415 Midwest Dental 444 Main Street LaCrosse, WI 54602 | J | Dental bills | | | | 838.00 |
| ACCOUNT NO. Minnesota Dept. Of Human Services P. O. Box 64982 St. Paul, MN 55164-0982 | J | Balance owed | | | | 1.00 |
| ACCOUNT NO. MN1706266000548 Moraine Emergency Physicians P. O. Box 8759 Philadelphia, PA 19101-8759 | J | Medical expenses | | | | 12.80 |
| ACCOUNT NO. 912333 Mr. Stix C/O Credit Bureau Data, Inc. P. O. Box 2288 LaCrosse, WI 54602-2288 | J | Collection for Mr. Stix | | | | 250.00 |
| ACCOUNT NO. 8-G523554 Mutual Management Services C/O Rochelle Medical P. O. Box 4777 Rockford, IL 61110 | J | Medical expenses | | | | 347.50 |
| ACCOUNT NO. 113952147 National City Bank P. O. Box 8043 Royal Oak, MI 48068-8043 | J | Balance owed on account | | | | 270.00 |
| ACCOUNT NO. 08-63-02-1939-5 Nicor Gas P. O. Box 2020 Aurora, IL 60507-2020 | J | Balance owed on account | | | | 813.80 |

Sheet no. **12** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,533.10**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 6996520086 Nicor Gas C/O Asset Acceptance LLC P. O. Box 2036 Warren, MI 48093 | J | Balance owed on account | | | | 1,043.55 |
| ACCOUNT NO. 69-96-52-0086 3 Nicor Gas P. O. Box 416 Aurora, IL 60568-0001 | J | Balance owed on account | | | | 300.00 |
| ACCOUNT NO. 20947288 & 20947289 Northern Illinois Medical Center C/O NCO Financial Systems 507 Prudential Road Horsham, PA 19044 | J | Medical expense | | | | 358.00 |
| ACCOUNT NO. 114394 Prairie Health Care LTD C/O Kishwaukee Medical Associates 954 W. State Street Sycamore, IL 60178 | J | Medical expenses | | | | 100.72 |
| ACCOUNT NO. 570954 Quillin's Pharmacy C/O The Rose Law Firm 321 Main Street Hopkins, MN 55343 | J | Balance owed | | | | 1,118.69 |
| ACCOUNT NO. 6035365229209211 Radio Shack C/O NCO Financial Systems 507 Prudential Road Horsham, PA 19044 | J | Collection for Radio Shack | | | | 1,466.24 |
| ACCOUNT NO. N2409792 Red Line Recovery Services, LLC 2350 N. Forest Rd, Ste 31B Getzville, NY 14068-1296 | J | Notice only - Collection for Wal-Mart Credit Card | | | | 0.00 |

Sheet no. 13 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,387.20**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 83899-QKRT1 Reddy Medical Associates, LTD P. O. Box 2184 Indianapolis, IN 46206 | J | Medical expenses | | | | 44.00 |
| ACCOUNT NO. River Collection & Recovery Service P. O. Box 992 Elk River, MN 55330 | J | Notice only - Collection for U.S. Bank | | | | 0.00 |
| ACCOUNT NO. Robert T. Sven DDS C/O Armor Systems 1700 Kiefer Drive, Ste 1 Zion, IL 60099 | J | Dental expense | | | | 240.59 |
| ACCOUNT NO. 0131522 Rochelle Community Hospital 900 N. Second St. Rochelle, IL 61068 | J | Medical expense | | | | 176.50 |
| ACCOUNT NO. 2251647 & 2253815 Rochelle Community Hospital 900 N. Second St. Rochelle, IL 61068 | J | Medical expense - also Account #2258190 | | | | 301.45 |
| ACCOUNT NO. 511387 & 509165 Rochelle Community Hospital C/O Health Care Billing Services, Inc. P. O. Box 4 Clinton, IA 52733-0004 | J | Medical expenses - Also Account #1069931 | | | | 1,083.52 |
| ACCOUNT NO. 100 1073895 Rochelle Community Hospital 900 N. Second Street Rochelle, IL 61068 | J | Medical bills | | | | 1,800.00 |

Sheet no. **14** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,646.06**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 5346 Rochelle Eyecare Center 719 Lincoln Avenue Rochelle, IL 61068 | J | Balance owed on account | | | | 308.50 |
| ACCOUNT NO. 8G523554 Rochelle Medical Group P. O. Box 17052 Rockford, IL 61110-7052 | J | Medical expense | | | | 207.50 |
| ACCOUNT NO. 40060 Rochelle Municipal Utilities 333 Lincoln Highway Rochelle, IL 61068 | J | Utility expenses | | | | 401.46 |
| ACCOUNT NO. 2010965693 Rockford Health 2400 N. Rockton Avenue Rockford, IL 61103 | J | Medical expenses | | | | 409.38 |
| ACCOUNT NO. 2010965693 Rockford Memorial Hospital P. O. Box 14125 Rockford, IL 61105-4125 | J | Medical expenses | | | | 518.20 |
| ACCOUNT NO. X74362 Rockford Mercantile Agency P. O. Box 5847 Rockford, IL 61125-0847 | J | Notice only - collection for Shopko Stores | | | | 0.00 |
| ACCOUNT NO. S & S Fleet Service Of LaCrosse 229 Milwaukee Street LaCrosse, WI 54603 | J | Balance owed on account | | | | 770.79 |

Sheet no. 15 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **2,615.83**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 01072201097 Sarima Collections, Inc. 1801 Broadway San Antonio, TX 78215-1200 | J | Notice only - Collection of USAA Federal Savings Bank | | | | 0.00 |
| ACCOUNT NO. 8479732361471 SBC C/O Asset Acceptance LLC P. O. Box 2036 Warren, MI 48093 | J | Balance owed on account | | | | 271.34 |
| ACCOUNT NO. 817523137-037 Scholastic The Beginning Readers Program P. O. Box 6000 Jefferson City, MO 65102-6000 | J | Book Club balance | | | | 32.92 |
| ACCOUNT NO. 616 71245-109 Scholastic 104 Chammps Blvd. #EQ04 Maunelle, AR 72198 | J | Balance owed on account | | | | 47.94 |
| ACCOUNT NO. 5049948501186540 Sears Credit Card C/O NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044 | J | Collection for Sears Credit Card | | | | 3,115.50 |
| ACCOUNT NO. 99-145834-01 Shopko Stores Loss Prevention Dept P. O. Box 19060 Green Bay, WI 54307-9060 | J | Balance owed on account | | | | 482.36 |
| ACCOUNT NO. 321684190 Sinnissippi Centers, Inc. 325 Illinois Route 2 Dixon, IL 61021 | J | Balance owed on account | | | | 96.00 |

Sheet no. 16 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,046.06**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 278011015170 Southeastern WI Anesthesia C/O Collection Associates P. O. Box 465 Brookfield, WI 53008 | J | Medical expense | | | | 760.00 |
| ACCOUNT NO. 0123934027 Sprint C/O Calvary P. O. Box 1017 Hawthorne, NY 10532 | J | Balance owed on account | | | | 129.52 |
| ACCOUNT NO. 5765972; 5683283; St. Anthony Medical Center P. O. Box 5065 Rockford, IL 61125 | J | Medical expenses - Also Account #5774215 | | | | 2,862.50 |
| ACCOUNT NO. 8132237 State Of Wisconsin C/O State Collection Services, Inc. P. O. Box 6250 Madison, WI 53716 | J | Balance owed | | | | 240.00 |
| ACCOUNT NO. 8G523554 Swedish American Hospital P. O. Box 1567 Rockford, IL 61110-0067 | J | Medical expense | | | | 207.50 |
| ACCOUNT NO. 3G523012 Swedish American Medical Group P. O. Box 1567 Rockford, IL 61110-0067 | J | Medical expense | | | | 1,250.00 |
| ACCOUNT NO. 31263 Ted's Appliance Services, Inc. P. O. Box 305 Cherry Valley, IL 61016 | J | Balance owed on account | | | | 187.82 |

Sheet no. 17 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **5,637.34**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 100017299 The Orthopedic Center C/O United Recovery Service, LLC 1825 Torrence Avenue, Ste C-6 Lansing, IL 60438 | J | Medical expense | | | | 98.00 |
| ACCOUNT NO. 10017263 The Orthopedic Center C/O United Recovery Service, LLC 1825 Torrence Avenue, Ste C-6 Lansing, IL 60438 | J | Medical expense | | | | 2,151.00 |
| ACCOUNT NO. 2862816 Tomah Memorial Hospital 321 Butts Avenue Tomah, WI 54660 | J | Medical expense | | | | 260.25 |
| ACCOUNT NO. 182372785275 U S Bank P. O. Box Cincinatti, OH 45201 | J | Overdrawn account | | | | 721.00 |
| ACCOUNT NO. DDA182372785275 U. S. Bank 100 First Bank Place LaCrosse, WI 54601 | J | Balance owed on account | | | | 721.00 |
| ACCOUNT NO. 199370562175 U. S. Bank P. O. Box 5229 Cincinnati, OH 45201 | J | Balance owed | | | | 677.52 |
| ACCOUNT NO. G200605022229601 U. S. Department Of Education P. O. Box 4169 Greenville, TX 75403-4169 | J | Balance owed | | | | 10,058.28 |

Sheet no. **18** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **14,687.05**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 549123725890399 USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX 78288-0549 | J | Balance owed on account | | | | 14,741.34 |
| ACCOUNT NO. 215-8198-3 USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX 78288-0549 | J | Balance owed on account | | | | 440.97 |
| ACCOUNT NO. 46905360 USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX 78288-0549 | J | Loan | | | | 2,500.00 |
| ACCOUNT NO. 3143010400 Village Of Fox Lake 66 Thillen Drive Fox Lake, IL 60020 | J | Balance owed on account | | | | 254.46 |
| ACCOUNT NO. 231-000190 Village Of Fox Lake 395 W. Lake Street Elmhurst, IL 60126 | J | Balance owed on account | | | | 165.00 |
| ACCOUNT NO. 37070433741700 Wal-Mart C/O TRS Recovery Services, Inc. 5251 Westheimer Houston, TX 77056 | J | Collection for Wal-Mart | | | | 222.85 |
| ACCOUNT NO. 6032203545949843 Wal-Mart Credit Card C/O CTI Collection Services P. O. Box 4783 Chicago, IL 60680-4783 | J | Collection for Wal-Mart Credit Card | | | | 1,086.21 |

Sheet no. 19 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **19,410.83**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hogue, James C. & Hogue, Michelle C.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 0625041200030632 Walgreens C/O Check Plus System P. O. Box 33698 San Antonio, TX 78265-3698 | J | Collection for Walgreens | | | | 45.09 |
| ACCOUNT NO. G444817A Wellington Radiology C/O KCA Financial Services, Inc. P. O. Box 53 Geneva, IL 60134 | J | Medical expense | | | | 243.00 |
| ACCOUNT NO. Winona Clinic 859 Mankato Avenue Winona, MN 55987 | J | Medical expense | | | | 39.00 |
| ACCOUNT NO. 357757 Winona Community Memorial P. O. Box 5600 Winona, MN 55987 | J | Balance owed | | | | 2,569.35 |
| ACCOUNT NO. 31964 Winona Health 859 Mackato Avenue Winona, MN 55987 | J | Medical bills | | | | 162.00 |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |

Sheet no. 20 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,058.44**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **152,117.88**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|
| Debtor's Marital Status Married | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): Son Son | AGE(S): 4 11 |
| EMPLOYMENT: DEBTOR | | SPOUSE |
| Occupation Name of Employer James C. Hogue How long employed 9 months Address of Employer | | |

INCOME: (Estimate of average or projected monthly income at time case filed)

| | DEBTOR | SPOUSE |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) | \$ _____ | \$ _____ |
| 2. Estimated monthly overtime | \$ _____ | \$ _____ |
| 3. SUBTOTAL | \$ 0.00 | \$ 0.00 |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and Social Security | \$ _____ | \$ _____ |
| b. Insurance | \$ _____ | \$ _____ |
| c. Union dues | \$ _____ | \$ _____ |
| d. Other (specify) _____ | \$ _____ | \$ _____ |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 0.00 | \$ 0.00 |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ 0.00 | \$ 0.00 |
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ _____ | \$ _____ |
| 8. Income from real property | \$ _____ | \$ _____ |
| 9. Interest and dividends | \$ _____ | \$ _____ |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ _____ | \$ _____ |
| 11. Social Security or other government assistance (Specify) _____ | \$ _____ | \$ _____ |
| 12. Pension or retirement income | \$ _____ | \$ _____ |
| 13. Other monthly income (Specify) State Of Minnesota Assistance | \$ 532.00 | \$ _____ |
| Food Assistance | \$ 342.00 | \$ _____ |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ 874.00 | \$ _____ |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ 874.00 | \$ 0.00 |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | \$ 874.00 | |
| (Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data) | | |
| 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: | None | |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

| | | |
|-------------------------------------------------------------------------------------------------------------|----|--------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | |
| a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/> | | |
| b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/> | | |
| 2. Utilities: | | |
| a. Electricity and heating fuel | \$ | |
| b. Water and sewer | \$ | |
| c. Telephone | \$ | |
| d. Other | \$ | |
| 3. Home maintenance (repairs and upkeep) | \$ | |
| 4. Food | \$ | 460.00 |
| 5. Clothing | \$ | 75.00 |
| 6. Laundry and dry cleaning | \$ | 25.00 |
| 7. Medical and dental expenses | \$ | 100.00 |
| 8. Transportation (not including car payments) | \$ | 300.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 65.00 |
| 10. Charitable contributions | \$ | |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner’s or renter’s | \$ | |
| b. Life | \$ | |
| c. Health | \$ | |
| d. Auto | \$ | 135.00 |
| e. Other | \$ | |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) | \$ | |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | |
| b. Other | \$ | |
| 14. Alimony, maintenance, and support paid to others | \$ | |
| 15. Payments for support of additional dependents not living at your home | \$ | |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | |
| 17. Other | \$ | |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$1,160.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

| | | |
|------------------------------------------------------|----|----------|
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 874.00 |
| b. Average monthly expenses from Line 18 above | \$ | 1,160.00 |
| c. Monthly net income (a. minus b.) | \$ | -286.00 |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: December 9, 2008 Signature: /s/ James C. Hogue
James C. Hogue Debtor

Date: December 9, 2008 Signature: /s/ Michelle C. Hogue
Michelle C. Hogue (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Hogue, James C. & Hogue, Michelle C.

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|-----------|--------------------------------------------------------|
| 31,000.00 | 2006: (H) Midwest Woodward & Venerring, Cary, Illinois |
| 6,000.00 | 2007: (H) Phillips Fencing, LaCrosse, WI |
| 4,800.00 | 2007: (H) Cain Millwork, Rochelle, IL |
| 19,000.00 | 2008: YTD Cain Millwork, Rochelle, IL |

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|----------|-------------------------------------|
| 3,800.00 | 2007: Wisconsin Public Aid benefits |

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|----------------------------------------------|----------------------|---------------------------------|--------------------------|
| HSBC Mortgage vs. James Hogue - 07-CH-542 | collection | Lake County, IL | pending |

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|----------------------------------------|------------------------------------------------------------------|--------------------------------------|
| HSBC Mortgage | | |

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|------------------------------------------|-----------|----------------------------|
| 33 S. York, Fox Lake, IL | same | April 2005 - June 2007 |
| 615 S. Oak Street, LaCrescent, MN | same | June 2007 - Oct 2007 |
| 910A Carlisle, Rochelle, IL | same | Oct. 2007 - Sept. 18, 2008 |
| 615 S. Oak Street, LaCrescent, Minnesota | same | Sept. 08 to present |

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **December 9, 2008** Signature /s/ James C. Hogue
of Debtor **James C. Hogue**

Date: **December 9, 2008** Signature /s/ Michelle C. Hogue
of Joint Debtor **Michelle C. Hogue**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Hogue, James C. & Hogue, Michelle C.

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Property No. 1 | |
| Creditor's Name: | Describe Property Securing Debt: |
| Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Property No. 2 (if necessary) | |
| Creditor's Name: | Describe Property Securing Debt: |
| Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt | |

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

| | | |
|-------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Property No. 1 | | |
| Lessor's Name: | Describe Leased Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property No. 2 (if necessary) | | |
| Lessor's Name: | Describe Leased Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **December 9, 2008**

/s/ James C. Hogue

Signature of Debtor

/s/ Michelle C. Hogue

Signature of Joint Debtor

IN RE:

Case No. _____

Hogue, James C. & Hogue, Michelle C.

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 130

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: December 9, 2008

/s/ James C. Hogue

Debtor

/s/ Michelle C. Hogue

Joint Debtor

Hogue, James C.
615 S. Oak Street
LaCrescent, MN 55947

Aurora Medical Center
C/O State Collection Services, Inc.
P. O. Box 6250
Madison, WI 53716

Chase Auto Finance
P. O. Box 5210
New Hyde Park, NY 11042

Hogue, Michelle C.
615 S. Oak Street
LaCrescent, MN 55947

B & W Appliance
567 Highway 38 W
Rochelle, IL 61068

Cingular Wireless
Financial Asset Management Systems Inc.
P. O. Box 451409
Atlanta, GA 31145-9409

Dennis Hewitt
1124 Lincoln Highway
Rochelle, IL 61068-1517

Best Buy
C/O Pro Line Solutions Group
908 Niagra Falls Blvd. Ste 245
North Tonawanda, NY 14120

Citifinancial Retail Services
P. O. Box 22060
Tempe, AZ 85285-2060

Advance Collection Services, Inc.
753 County Road D
St. Paul, MN 55117

Brick Law Offices
322 E. Michigan Street, 6th Floor
Milwaukee, WI 53202

Comcast
P. O. Box 3002
South Eastern, PA 19398-3002

AIM
1985 DeKalb Avenue Ste 300
Sycamore, IL 60178

Camelot Radiology Associates
P. O. Box 1086
Indianapolis, IN 46206

Comcast
2508 W. Route 120
McHenry, IL 60050

Allied Business Accounts, Inc.
300 1/2 Second Street
Clinton, IA 52733-1600

Capital One
1500 Capital One Drive
Richmond, VA 23238

Commonwealth Edison
Bill Payment Center
Chicago, IL 60668-0002

Allied Interstate, Inc.
3000 Corporate Exchange Dr, 5th Floor
Columbus, OH 43231

Capital One Bank
C/O Protocol Recovery Services
509 Mercer Avenue
Panama City, FL 32401-2631

Community Memorial Hospital
P. O. Box 5600
Winona, MN 55987

Associated Bank
815 N. Water Street
Milwaukee, WI 53202

Capital One Bank
C/O Protocol Recovery Service
509 Mercer Avenue
Panama City, FL 32401-2631

Condell Acute Center
C/O Certified SVC
P. O. Box 177
Waukegan, IL 60079

AT&T
P. O. Box 8100
Aurora, IL 60507-8100

Centegra Health
C/O DSI Collection
1375 E. Woodfield, P.O. Box 959
Schaumburg, IL 60173

Credit Protection Association LP
13355 Noel Road
Dallas, TX 75240

AT&T
C/O Calvary
P. O. Box 1017
Hawthorne, NY 10532

Centegra Health System
P. O. Box 5995
Peoria, IL 61601-5995

Del's Bar
C/O Cyber Collect
P. O. Box 1145
LaCrosse, WI 54602-1145

Destination Dental
C/O Credit Bureau Data
P.O. Box 2288
LaCrosse, WI 54601

Fox Lake District Library
255 E. Grand Avenue
Fox Lake, IL 60020-1697

Gunderson Lutheran Medical Center
Patient Business Services
P. O. Box 4444
LaCrosse, WI 54602-4444

Direct TV
C/O Riddle & Associates
P. O. Box 1187
Sandy, UT 84070

Franciscan Skemp
P. O. Box 2108
LaCrosse, WI 54602-2108

Happy Joe's
C/O Cyber Collect
P. O. Box 1145
LaCrosse, WI 54602-1145

Dominick's
C/O Safeway Companies
P. O. Box 29239
Phoenix, AZ 85038-9239

Franciscan Skemp
C/O State Collection Services, Inc.
P. O. Box 6250
Madison, WI 53716

Health Care Billing Services, Inc.
P. O. Box 4
Clinton, IA 52733-0004

Dr. Eric Kiesau
C/O Credit Bureau Data
P. O. Box 2288
LaCrosse, WI 54601

Franciscan Skemp Healthcare
P. O. Box 3068
Milwaukee, WI 53201

Houston County Social Services
Healthcare Programs
P. O. Box 64982
St. Paul, MN 55164-0982

E.C. Jiongco MD
C/O Paskin & Oberwetter
P. O. Box 151
Madison, WI 53701-0151

Friedman & Wexler LLC
500 W. Madison Street Ste. 2910
Chicago, IL 60661-2587

HSBC Mortgage Services
P. O. Box 37282
Baltimore, MD 21297-3282

Family Medical Surgical Practice
1212 Currency Court
Rochelle, IL 61068

Good Shepard Hospital
2250 E. Devon, Ste. 352
Des Plaines, IL 60018-4519

Huemann Water Conditioning
3607 N. Chapel Hill Road
Johnsburg, IL 60051

Farmer's Insurance
C/O Credit Collection Services
Two Wells Avenue Dept 9134
Newton, MA 02459

Good Shepard Hospital
C/O Tri-County Emergency Physicians
P. O. Box 98
Barrington, IL 60011-0098

Jean Tess
1409 Brookside Drive
Rochelle, IL 61068

First National Bank & Trust Company
Of Rochelle
340 May Mart Drive
Rochelle, IL 61068

Gundersen Lutheran Clinic
Patient Business Services
P. O. Box 4020
LaCrosse, WI 54602-4020

Jewel Food Store
C/O H & F
33 N. LaSalle, Ste. 1200
Chicago, IL 60602

Fort Atkinson Emergency Phys.
6400 Industrial Loop
Green Dale, WI 53129-2453

Gunderson Lutheran
C/O Credit Bureau Data
P. O. Box 2288
LaCrosse, WI 54601

Jewel Food Stores
C/O H & F
33 N. LaSalle, Ste 1200
Chicago, IL 60602

Fort Healthcare
C/O Margraf Collection Agency, Inc.
P. O. Box 306
Fort Atkinson, WI 53538

Gunderson Lutheran
1900 South Avenue
LaCrosse, WI 54601

Joseph Kotnour DDS
C/O Associated Business Service
P. O. Box 449
Cherry Valley, IL 61016

Ken's Service Center
2023 Avon Street
LaCrosse, WI 54603

Mark Enterprise
P. O. Box 69
Mondori, WI 54755

Mutual Management Services
C/O Rochelle Medical
P. O. Box 4777
Rockford, IL 61110

Kishwaukee Community Hospital
P. O. Box 739
Moline, IL 61266-0739

MEA-AEA Kenosha
C/O State Collection Services, Inc.
P. O. Box 6250
Madison, WI 53716

National City Bank
P. O. Box 8043
Royal Oak, MI 48068-8043

LaCrosse County Human Services
C/O Associated Business Service
P. O. Box 449
Cherry Valley, IL 61016

Med Care Health Center, LTD
1212 Currency Court
Rochelle, IL 61068

Nicor Gas
P. O. Box 2020
Aurora, IL 60507-2020

Lake/McHenry Pathology Associates
520 E. 22nd Street
Lombard, IL 60148

Michelle C. Long
C/O LaCrosse County Circuit Court
333 Vine Street
LaCrosse, WI 54601

Nicor Gas
C/O Asset Acceptance LLC
P. O. Box 2036
Warren, MI 48093

LaPetite Academy Worker's Compensation
Working RX
P. O. Box 30200
Salt Lake City, UT 84130-0200

Midwest Dental
D/B/A Downtown Dental
444 Main Street, Ste. 301
LaCrosse, WI 54602

Nicor Gas
P. O. Box 416
Aurora, IL 60568-0001

Law Offices Of Ira T. Nevel
175 N. Franklin, Ste. 201
Chicago, IL 60606

Midwest Dental
409 Lincoln Highway
Rochelle, IL 61068

Northern Illinois Medical Center
C/O NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

LDC Collection Systems
304 S. Marshall Street, Room 204
Caledonia, MN 55921-1324

Midwest Dental
444 Main Street
LaCrosse, WI 54602

Prairie Health Care LTD
C/O Kishwaukee Medical Associates
954 W. State Street
Sycamore, IL 60178

Lutheran Hospital
C/O Associated Business Service
P. O. Box 449
Cherry Valley, IL 61016

Minnesota Dept. Of Human Services
P. O. Box 64982
St. Paul, MN 55164-0982

Quillin's Pharmacy
C/O The Rose Law Firm
321 Main Street
Hopkins, MN 55343

Lutheran Hospital
C/O Credit Bureau Data
P. O. Box 2288
LaCrosse, WI 54601

Moraine Emergency Physicians
P. O. Box 8759
Philadelphia, PA 19101-8759

Radio Shack
C/O NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

Margraf Collection Agency, Inc.
P. O. Box 306
Ft. Atkinson, WI 53538

Mr. Stix
C/O Credit Bureau Data, Inc.
P. O. Box 2288
LaCrosse, WI 54602-2288

Red Line Recovery Services, LLC
2350 N. Forest Rd, Ste 31B
Getzville, NY 14068-1296

Reddy Medical Associates, LTD
P. O. Box 2184
Indianapolis, IN 46206

Rockford Memorial Hospital
P. O. Box 14125
Rockford, IL 61105-4125

Southeastern WI Anesthesia
C/O Collection Associates
P. O. Box 465
Brookfield, WI 53008

River Collection & Recovery Service
P. O. Box 992
Elk River, MN 55330

Rockford Mercantile Agency
P. O. Box 5847
Rockford, IL 61125-0847

Sprint
C/O Calvary
P. O. Box 1017
Hawthorne, NY 10532

Robert T. Sven DDS
C/O Armor Systems
1700 Kiefer Drive, Ste 1
Zion, IL 60099

S & S Fleet Service Of LaCrosse
229 Milwaukee Street
LaCrosse, WI 54603

St. Anthony Medical Center
P. O. Box 5065
Rockford, IL 61125

Rochelle Community Hospital
900 N. Second St.
Rochelle, IL 61068

Sarma Collections, Inc.
1801 Broadway
San Antonio, TX 78215-1200

State Of Wisconsin
C/O State Collection Services, Inc.
P. O. Box 6250
Madison, WI 53716

Rochelle Community Hospital
C/O Health Care Billing Services, Inc.
P. O. Box 4
Clinton, IA 52733-0004

SBC
C/O Asset Acceptance LLC
P. O. Box 2036
Warren, MI 48093

Swedish American Hospital
P. O. Box 1567
Rockford, IL 61110-0067

Rochelle Community Hospital
900 N. Second Street
Rochelle, IL 61068

Scholastic
The Beginning Readers Program
P. O. Box 6000
Jefferson City, MO 65102-6000

Swedish American Medical Group
P. O. Box 1567
Rockford, IL 61110-0067

Rochelle Eyecare Center
719 Lincoln Avenue
Rochelle, IL 61068

Scholastic
104 Chammps Blvd. #EQ04
Maunelle, AR 72198

Ted's Appliance Services, Inc.
P. O. Box 305
Cherry Valley, IL 61016

Rochelle Medical Group
P. O. Box 17052
Rockford, IL 61110-7052

Sears Credit Card
C/O NCO Financial Systems, Inc.
507 Prudential Road
Horsham, PA 19044

The Orthopedic Center
C/O United Recovery Service, LLC
1825 Torrence Avenue, Ste C-6
Lansing, IL 60438

Rochelle Municipal Utilities
333 Lincoln Highway
Rochelle, IL 61068

Shopko Stores
Loss Prevention Dept
P. O. Box 19060
Green Bay, WI 54307-9060

Tomah Memorial Hospital
321 Butts Avenue
Tomah, WI 54660

Rockford Health
2400 N. Rockton Avenue
Rockford, IL 61103

Sinnissippi Centers, Inc.
325 Illinois Route 2
Dixon, IL 61021

U S Bank
P. O. Box
Cincinnati, OH 45201

U. S. Bank
100 First Bank Place
LaCrosse, WI 54601

Winona Clinic
859 Mankato Avenue
Winona, MN 55987

U. S. Bank
P. O. Box 5229
Cincinnati, OH 45201

Winona Community Memorial
P. O. Box 5600
Winona, MN 55987

U. S. Department Of Education
P. O. Box 4169
Greenville, TX 75403-4169

Winona Health
859 Mackato Avenue
Winona, MN 55987

USAA Federal Savings Bank
10750 McDermott Freeway
San Antonio, TX 78288-0549

Village Of Fox Lake
66 Thillen Drive
Fox Lake, IL 60020

Village Of Fox Lake
395 W. Lake Street
Elmhurst, IL 60126

Wal-Mart
C/O TRS Recovery Services, Inc.
5251 Westheimer
Houston, TX 77056

Wal-Mart Credit Card
C/O CTI Collection Services
P. O. Box 4783
Chicago, IL 60680-4783

Walgreens
C/O Check Plus System
P. O. Box 33698
San Antonio, TX 78265-3698

Wellington Radiology
C/O KCA Financial Services, Inc.
P. O. Box 53
Geneva, IL 60134

IN RE:

Case No. _____

Hogue, James C. & Hogue, Michelle C.

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **1,000.00**

Prior to the filing of this statement I have received \$ **800.00**

Balance Due \$ **200.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 9, 2008

Date

/s/ Dennis R. Hewitt

Signature of Attorney

Dennis Hewitt

Name of Law Firm